

EPA FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

Toxic Chemical, Category or Generic Name

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☐

Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES☐

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste

stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

| | | Column A Prior Year (pounds/year*) | Column B Current Reporting Year (pounds/year*) | Column C Following Year (pounds/year*) | Column D Second Following Year (pounds/year*) |
|---------------|--|--|--|--|---|
| 8.1 | Quantity released *** | | | | |
| 8.2 | Quantity used for energy recovery onsite | | | | |
| 8.3 | Quantity used for energy recovery offsite | | | | |
| 8.4 | Quantity recycled onsite | | | | |
| 8.5 | Quantity recycled offsite | | | | |
| 8.6 | Quantity treated onsite | | | | |
| 8.7 | Quantity treated offsite | | | | |
| 8.8 | Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year) | | | | |
| 8.9 | Production ratio or activity index | | | | |
| 8.10 | Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11. | | | | |
| | Source Reduction Activities [enter code(s)] | Methods to Identify Activity (enter codes) | | | |
| 8.10.1 | | a. | b. | c. | |
| 8.10.2 | | a. | b. | c. | |
| 8.10.3 | | a. | b. | c. | |
| 8.10.4 | | a. | b. | c. | |
| 8.11 | Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box) | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |